



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER, GOVERNOR
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BUREAU OF FACILITY STANDARDS
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January 16, 2009

Thair Pond
Tomorrow's Hope - Armga
1655 Fairview Avenue, Suite 100
Boise, Idaho 83702

RE: Tomorrow's Hope - Armga, Provider #13G014

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey of Tomorrow's Hope - Armga, which was conducted on January 9, 2009.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **January 29, 2009**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by January 29, 2009. If a request for informal dispute resolution is received after January 29, 2009, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



SHERRI CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

SC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2009
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - ARMGA			STREET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE MERIDIAN, ID 83642		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during your annual recertification survey. The survey was conducted by: Sherri Case, QMRP, Team Leader Matt Hauser, QMRP Common abbreviations used in this report are: HRC - Human Rights Committee IPP - Individual Program Plan QMRP - Qualified Mental Retardation Professional SIB - Self Injurious Behaviors	W 000	<p>RECEIVED</p> <p>JAN 28 2009</p> <p>FACILITY STANDARDS</p>		
W 125	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to ensure that individuals' rights were allowed and exercised for 2 of 7 individuals (Individuals #1 and #4) residing at the facility. This resulted in a lack of protection of individuals' rights through continued approvals on restrictive interventions. The findings include: During an evening observation, on 1/5/09 from 6:20 - 7:05 p.m. a door chime alarm was noted to be present and operational on the facility's front door.	W 125	<p>W125 Required consents have been obtained. QMRP AND HRC Responsible by 01/15/09</p> <p>All restrictive programs to be reviewed during monthly QA and at least quarterly to ensure they are current and have required consents.</p> <p>All consents for restrictive programs will be kept in perm book and will be reviewed during monthly QA and at least quarterly</p> <p>Record review updated to include a specific area for door chime to be reviewed at least quarterly during QA</p> <p>QMRP AND Program Director responsible by 02/13/09</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator 01/27/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 125	Continued From page 1 A review of Individual #1 and Individual #4's records showed guardian consents for the door alarms were not present. When asked, during an interview on 1/9/09 from 10:05 - 10:20 a.m., the QMRP stated the alarm was for another individual at the facility. The QMRP stated the consents for Individuals #1 and #4 had expired and the facility did not have current consents for them. The facility failed to ensure individuals' rights were protected through continued approvals on restrictive interventions.	W 125			
W 243	483.440(c)(6)(iv) INDIVIDUAL PROGRAM PLAN The individual program plan must identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the reason for each support. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to ensure the IPP specified the reason for each mechanical support for 1 of 1 individual (Individual #1) who used mechanical supports. This resulted in a lack of information being available for staff to ensure their proper use. The findings include: 1. Individual #1's IPP, dated 4/6/07, documented a 27 year old male diagnosed with moderate mental retardation, autism, and intermittent explosive disorder. His Comprehensive Medical and Social Assessment, dated 4/4/08, stated in the	W 243	W243 Protocol put in place for wedge pillow with instructions on how to use, when to use, and intended benefit. QMRP Responsible by 01/30/09 Programs will be written for all adaptive equipment including how to use, when to use, reason for use, and intended benefit. All adaptive equipment programs will be reviewed at least quarterly with PSR at least quarterly during QA to ensure compliance. PSR for adaptive programs will be reviewed at monthly QA and at least quarterly. QMRP, and Program Director responsible by 02/13/09		

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W 243	Continued From page 2 "Hospitalizations" section he was to sleep with a wedged pillow at night to assist with breathing. It also stated he was hospitalized for pneumonia from 2/5/07 - 2/9/07 and 3/27/07 - 4/12/07. Individual #1's IPP did not include any other information related to the pillow. When asked, the QMRP and LPN stated during an interview, on 1/9/09 at approximately 10:40 a.m., Individual #1 did need a wedge pillow at night. The LPN stated after an incident of aspiration pneumonia Individual #1's physician had recommended the use of the pillow. When asked, the QMRP stated a protocol or instructions to staff on the reason for the use of the wedge pillow had not been developed or given to direct care staff.	W 243			
W 244	The facility failed to ensure Individual #1's IPP included the reason for use of the wedge pillow. 483.440(c)(6)(iv) INDIVIDUAL PROGRAM PLAN The individual program plan must identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the situations in which each is to be applied. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the IPP specified the situation in which each mechanical support was to be applied for 1 of 1 individual (Individual #1) who used mechanical supports. This resulted in a lack of information being available for staff to ensure their proper use. The findings include:	W 244	W244 Refer to W243		

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W 244	Continued From page 3 1. Individual #1's IPP, dated 4/6/07, documented a 27 year old male diagnosed with moderate mental retardation, autism, and intermittent explosive disorder. His Comprehensive Medical and Social Assessment, dated 4/4/08, stated in the "Hospitalizations" section he was to sleep with a wedged pillow at night to assist with breathing. It also stated he was hospitalized for pneumonia from 2/5/07 - 2/9/07 and 3/27/07 - 4/12/07. Individual #1's IPP did not include any other information related to the pillow. When asked, the QMRP and LPN stated during an interview, on 1/9/09 at approximately 10:40 a.m., Individual #1 did need a wedge pillow at night to assist with his breathing. The LPN stated after an incident of aspiration pneumonia Individual #1's physician had recommended the use of the pillow. However, a protocol for the use of the pillow had not been developed and Individual #1's IPP did not specify the situation in which the wedge pillow was to be applied.	W 244			
W 245	The facility failed to ensure Individual #1's IPP specified the situation in which the wedge pillow was to be applied. 483.440(c)(6)(iv) INDIVIDUAL PROGRAM PLAN The individual program plan must identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify a schedule for the use of each support.	W 245	W245 Refer to W243		

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W 245	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the IPP specified a schedule for the use of each mechanical support for 1 of 1 individual (Individual #1) who used mechanical supports. This resulted in a lack of information being available for staff to ensure their proper use. The findings include:</p> <p>1. Individual #1's IPP, dated 4/6/07, documented a 27 year old male diagnosed with moderate mental retardation, autism, and intermittent explosive disorder.</p> <p>His Comprehensive Medical and Social Assessment, dated 4/4/08, stated in the "Hospitalizations" section he was to sleep with a wedged pillow at night to assist with breathing. It also stated he was hospitalized for pneumonia from 2/5/07 - 2/9/07 and 3/27/07 - 4/12/07.</p> <p>Individual #1's IPP did not include information related to a schedule for the use of the wedge pillow. When asked, the QMRP and LPN stated during an interview, on 1/9/09 at approximately 10:40 a.m., Individual #1 did need a wedge pillow at night to assist with his breathing. The LPN stated after an incident of aspiration pneumonia Individual #1's physician had recommended the use of the pillow. However, a protocol for the use of the pillow had not been developed and Individual #1's IPP did not specify a schedule for the use of the wedge pillow.</p> <p>The facility failed to ensure Individual #1's IPP specified a schedule for the use of the wedge pillow.</p>	W 245			

Bureau of Facility Standards

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MM168	16.11.03.075.07(a) Rights as a Citizen Rights as a citizen refer to all the rights of citizens of this country and any particular state or locality. These include, but are not limited to, voting, marriage, divorce, executing instruments (e.g., wills), acquiring and disposing of property, and choosing to practice or not practice a religion. This Rule is not met as evidenced by: Refer to W125	MM168	MM168 Refer to W125		
MM190	16.03.11.075.09 (b)(ii) Body Alignment Mechanical supports used in normative situations to achieve proper body position and balance are not considered to be restraints, but must be designed and applied: In accordance with principles of good body alignment, concern for circulation, and allowance for change of position. This Rule is not met as evidenced by: Refer to W243, W244 and W245.	MM190	MM190 Refer to W243, W244, and W245		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 7 of 7 individuals. (Individuals #1 - #7) residing in the facility. The	MM380	MM380 All items found deficient will be repaired, replaced, or cleaned to be compliant. Para Q and Maintenance responsible by 02/15/09 RECEIVED JAN 27 2009 FACILITY STANDARDS		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator 01/27/09

(X6) DATE

Bureau of Facility Standards

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MM380	<p>Continued From page 1</p> <p>findings include:</p> <p>During an environmental review, conducted on 1/8/09 from 9:00 - 9:40 a.m., the following concerns were noted:</p> <ul style="list-style-type: none"> - The toilet bolt covers in the hall bathroom were missing. - The molding across from the toilet in the hall bathroom had 5, 3 - 4 inch areas of worn and chipped paint, rendering the surface uncleanable. - The toilet bolt covers were missing in the bathroom for Individuals #2 and #6. - The screen for the sink water faucet was missing in the bathroom for Individual #2 and #6. - In the back television room, the brown 2-seat couch had a 1 inch tear in the upholstery on the back side of the couch and a white crusty debris on the arm rest. - The red/maroon chair in the corner of the back television room had multiple food stains and food debris and a 1 inch tear in the upholstery on the arm of the chair. - The molding around the patio door had no less than 4 areas of worn paint and no less than 3 areas of chipped off paint rendering the surface uncleanable. - Numerous cupboard shelves had exposed wood, an uncleanable surface. - Numerous drawers had exposed wood, an uncleanable surface. 	MM380			

Bureau of Facility Standards

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MM380	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The drawer that held the serving utensils had mustard on it and there was mustard on the door for the cupboard that held the cooking spices. - The front of the silverware drawer had a quarter size area missing the finish under the handle. - There were food splatters on the inside top and sides of the microwave. - There was baked on food on the bottom of the oven. - There were 2 muffin tins that were rusted and had baked on grease on them. - There were 2 cookie sheets that had baked on grease on them. - There was a Pyrex dish with what appeared to be dried food particles on it. - The drawer of the built in desk in the kitchen did not close properly. - The table in the dining area had numerous areas that were missing the finish. 	MM380		